

**IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF ILLINOIS**

**IN RE: SYNGENTA CROP  
PROTECTION LLC, SYNGENTA  
AG, and, CHEVRON U.S.A., INC.,**

*This document relates to:*  
**Douglas Roark and Brenda  
Sue Rush,  
3:24-pq-02541**

Cause No. 3:21-pq-01308.

**MOTION FOR SUBSTITUTION OF PARTY**

COMES NOW Brenda Sue Rush, as Representative of Estate of Douglas Roark, deceased. The undersigned counsel moves the Court for leave to substitute Brenda Sue Rush, Representative of the Estate of Douglas Roark, deceased, as a Plaintiff in this action for, instead, and in lieu of the named Plaintiff, Douglas Roark, and in support therefore states:

1. On November 26, 2022, Plaintiff Douglas Roark died. See Certificate of Death of Douglas Roark, attached hereto as Exhibit A.
2. Brenda Sue Rush is the Next of Kin of Plaintiff Douglas Roark. See Affidavit of Next of Kin, attached hereto as Exhibit B.

WHEREFORE, undersigned counsel moves this Court to substitute Brenda Sue Rush, Representative of Estate of Douglas Roark, deceased, as Plaintiff in this action for, instead, and in lieu of the named Plaintiff Douglas Roark and for such other and further order which may be necessary and appropriate to accomplish said substitution of parties.

DATED: 04/22/2025

Respectfully submitted,

/s/Gibbs C. Henderson

**Gibbs C.**

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**CERTIFICATE OF SERVICE**

I, Gibbs C. Henderson, hereby certify that on 04/22/2025, the foregoing Motion for Substitution of Party was served electronically and notice of service of this document will be sent to all parties by the Court's electronic filing system to CM/ECF participants registered to receive service in this matter. Parties may access this filing through the Court's system.

/s/Gibbs C. Henderson  
**Gibbs C. Henderson**

# EXHIBIT A

Primary Reg. Dist. No. 7400

Ohio Department of Health - Vital Statistics

State File No. 2022123740

Registrar's No. 7400-2022000472 CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)		2. Sex	3. Date of Death (Month/Day/Year)
DOUGLAS ROARK		MALE	NOVEMBER 26, 2022
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes
403-02-9269	63		
6. Date of Birth (Mo/Day/Year)		7. Birthplace (City and State or Foreign Country)	
MAY 29, 1959		HAZARD, KENTUCKY	
8a. Residence State		8b. County	8c. City or Town
OHIO		SENECA	ATTICA
9d. Street Address and Zip Code		9. Ever in US Armed Forces?	
118 E. HIGH STREET 44807		YES - ARMY	
10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)		11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin	14. Decedent's Race
		NO	WHITE
15. Father's Name CHAD ROARK		16. Mother's Name (prior to first marriage) EDITH GARNETT	
17a. Informant's Name BRENDA RUSH		17b. Relationship to Decedent DAUGHTER	17c. Mailing Address (Street and Number, City, State, Zip, Code) P.O. BOX 216 ATTICA, OHIO 44807
18a. Place of Death DECEDENT'S HOME		18b. City or Town, State and Zip Code ATTICA, OH 44807	18c. County of Death SENECA
19. Funeral Service Licensee or Other Agent CATHY HOFFMAN		20. License Number (of licensee) 9909	
21. Name and Complete Address of Funeral Facility HANNEMAN FUNERAL HOME ATTICA 295 WEST TIFFIN ST ATTICA, OH 44807			
22. Method and Place of Disposition CREMATION - REMEMBRANCE CREMATORY, BOWLING GREEN, OH			
23. Local Registrar <i>[Signature]</i>		24. Date Filed (Month/Day/Year) 12/01/2022	
25. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
26a. Time of Death 12:51		26b. Date Pronounced Dead (Month/Day/Year) 11-26-22	26c. Was Case Referred to Medical Examiner or Coroner? YES
26e. Certifier Name and Title <i>[Signature]</i> MD		26d. License number 35.079818	26f. Date Signed (Month/Day/Year) 11-30-22
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death STEPHANIE GIBSON, 85 BENEDICT AVE STE 101, NORWALK, OH 44857			
28. Part I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.			Approximate Interval Onset and Death
Immediate Cause (If final disease or condition resulting in death) MI			minutes
Sequentially list conditions, if any, leading to immediate cause. DM, HTN, high cholesterol			years
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) dementia			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		<input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred:			33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:

HEA 2724 Rev. 06/18

Lisa Englanu  
Registrar

DEC 01 2022

*Lisa Englanu*

# EXHIBIT B



STATE OF Ohio )  
 )  
 COUNTY OF Seneca )

### AFFIDAVIT OF NEXT OF KIN

The undersigned having been first duly sworn, states under oath as follows:

1. That Douglas Roark (DECEASED) died on

November 26, 2022, in Attica, Seneca  
 (Date of Death) (City) (County)

Ohio  
 (State)

2. That the DECEASED
- ☐ was not married at the time of death.
  - ☐ was married at the time of death.
  - ☐ was widowed at the time of death.

3. That the DECEASED
- ☐ did **not** have any biological/adopted children.

☒ did have biological/adopted children. The Names and Dates of Birth of ALL children, both deceased children and living children, as well as the surviving/deceased spouse are as follows:

	Name of Spouse/Child	Date of Birth (children only)	Date of Death (if applicable)
1	Brenda Rush	7-14-1968	
2			
3			
4			
5			
6			
7			
8			
9			
10			

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F: 214.890.0712

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4. That DECEASED died  
☒ without a WILL, at the time of his death and no Executor, Administrator or personal representative has been appointed for his estate in this state or elsewhere and no application for such appointment is pending or necessary.  
☐ with a WILL and an Executor, Administrator or personal representative ☐ has been appointed or ☐ has not been appointed for the estate.

5. That I, Brenda Sue Rush  
(REPRESENTATIVE NAME), am the Daughter (Relationship)  
and Next of Kin of the DECEASED and reside at 15002 East 7th Rd 88  
Attica, Ohio 44801 (address).

6. That as the Next of Kin of the DECEASED, I have authority to represent and prosecute this litigation claim.

7. I do hereby attest that the foregoing statements are true and correct to the best of my knowledge and belief.

DATED this 25<sup>th</sup> day of March, 20 25.

By: Brenda Rush  
Signature of Affiant

Brenda Rush  
Printed Name

#### NOTARY

On this date personally appeared the foregoing Affiant before me and acknowledged the above instrument as their free and voluntary act for the uses and purposes therein contained.

GIVEN under my hand and Notarial Seal, this 25<sup>th</sup> day of March, 20 25.

Ariel Fry  
Notary Public

My Commission Expires:

O: 214.890.0711  
F: 214.890.0712

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**ARIEL FRY**  
Notary Public, State of Ohio  
My Commission Expires  
**11/14/2027**